

**NEBRASKA-SPECIFIC INSURANCE PRODUCER'S APPLICATION
INDIVIDUAL RESIDENT/NONRESIDENT LICENSE**

(Please PRINT or TYPE)

Please read carefully and complete all necessary information.

PART I – LICENSE AND FEE INFORMATION

STATE FOR WHICH APPLICATION IS _____ FEE ENCLOSED: \$ _____
SOUGHT:

- A. Check one: B. Check One:
- | | |
|--|---|
| <input type="checkbox"/> New license | <input type="checkbox"/> Resident (A letter of clearance may be required if for your national producer registry shows an alternate active resident state) |
| <input type="checkbox"/> Amended License | <input type="checkbox"/> Non-Resident |
| <input type="checkbox"/> Reinstatement | |

PART II -- IDENTIFICATION

- A. Social Security Number _____ - _____ - _____ B. Date of Birth: _____ (month) _____ (day) _____ (year)
- C. Full Legal Name of Applicant _____
Last Name First Name M.I. JR., SR.
- D. Residence Address _____
Street Address is Required
- County _____ City _____ State _____ Zip _____
- E. Home Phone: (_____) _____ Business Phone: (_____) _____
- F. Are you a citizen of the United States? ☐ Yes ☐ No (If NO, of which country are you a citizen?) _____

PART III -- BACKGROUND INFORMATION

- A. Do you now hold or have you ever held an insurance license in another state in the U.S. or the provinces of Canada?
☐ Yes ☐ No If YES, and the license is still in force, a certification letter from your home state may be required.
- B. Has any disciplinary action, including but not limited to, refusal, suspension, revocation, ever been taken by any regulatory agency in any state or any province of Canada against you or any business with which you have been directly connected?
☐ Yes ☐ No If YES, provide full explanation on a separate sheet of paper.
- C. Have you ever been convicted of or pled nolo contendere (no contest) to any misdemeanor or felony or currently have pending misdemeanor or felony charges filed against you? (Misdemeanor does not mean minor traffic violations.)
☐ Yes ☐ No If YES, give date, name and address of court, basis of charge, outcome and whether you received an executive pardon. Also attach certified copies of the information or indictment and the final adjudication.
- D. Are you an officer, director or employee of a lending institution (bank, savings and loan or other such institution, which accepts deposits and lends money) or a bank holding company or an affiliate or one of the above?
☐ Yes ☐ No If YES, give name and address of institution _____

NOTE: This completes the uniform portion of the application. You must now complete the state-specific page (or pages) for the state(s) in which you will apply. The Applicant's signature and certification is included on the state-specific page(s). YOUR APPLICATION IS NOT COMPLETE AND WILL BE REJECTED IF ALL PAGES ARE NOT SUBMITTED.

NEBRASKA-SPECIFIC INSURANCE PRODUCER'S APPLICATION

Terminal Building
941 O Street, Suite 400
Lincoln, NE 68508-3639
Telephone (402) 471-4913
e-mail: licensing@doi.state.ne.us

PART IV

A. Name of Applicant _____ Social Security Number _____
Last First Middle

B. Business Address _____
Name of Firm or Agency (if applicable) _____
Street Address _____
City State Zip Code

C. ☐ Male ☐ Female Age _____

PART V -- QUALIFICATIONS REQUESTED (Check appropriate boxes)

<input type="checkbox"/> Casualty	<input type="checkbox"/> Sickness, Accident, Health	<input type="checkbox"/> d. Prepaid Dental
<input type="checkbox"/> Property	<input type="checkbox"/> Title	<input type="checkbox"/> e. Health Maintenance Organization
<input type="checkbox"/> Property and Casualty	<input type="checkbox"/> Crop/Hail	<input type="checkbox"/> f. Credit Insurance (Includes Credit Life &
<input type="checkbox"/> Personal Lines	<input type="checkbox"/> Domestic Assessment Association	Disability, Credit Property, Unemployment
<input type="checkbox"/> Life Insurance and Annuities	<input type="checkbox"/> Miscellaneous	Credit, Mortgage Life, Guaranty &
<input type="checkbox"/> Variable Contracts (Proof of passage	<input type="checkbox"/> a. Auto Mechanical Breakdown	Disability, and Gap
of Series 6 or 7 and 63 or 66 exams must be	<input type="checkbox"/> b. Prepaid Legal	
submitted with this application	<input type="checkbox"/> c. Motor Club	

Limited:

☐ Ticket Selling Agent Travel Insurance

PART VI - FEES

New License Fee: **Resident - \$20.00 Nonresident - \$40.00.** Reinstatement Fee (31 days up to 12 months from expiration) **Resident and Non-Resident \$100.00.** A check in payment of a new or reinstatement of license must be submitted with the application for license. **Amended License - \$5.00**

PART VII

Applicant must read the following carefully:

1. I hereby certify that, under penalty of perjury, all of the information submitted in this application and attachments is true and complete. I am aware that submitting false information or omitting pertinent or material information in connection with this application is grounds for license revocation or denial of the license and may subject me to civil or criminal penalties.
2. I further certify that I grant permission to the Commissioner, Director or Superintendent of Insurance, or other appropriate party in each jurisdiction for which this application is made to verify information with any federal, state or local government agency, current or former employer, or insurance company
3. I further certify that, under penalty of perjury either a) I have no child-support obligation, or b) I have a child-support obligation and I am currently in compliance with that obligation.
4. I authorize the jurisdictions to give any information concerning me, as permitted by law, to any federal, state, or municipal agency, or any other organization and I release the jurisdiction and any person acting on their behalf from any and all liability of whatever nature by reason of furnishing such information.
5. I acknowledge that I am familiar with the insurance laws and regulations of the jurisdictions to which I am applying for licensure.
6. I further certify that the department of Insurance will be notified within 30 days of any change of address from that set forth in this application.

Sign

Here

Applicant's Signature

Date

STATE USE ONLY	License Number	Date Issued	Expiration Date	Fee Paid
				\$